

Haynes (F. L.)

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plugging the posterior vares.





NOTES FROM GENERAL PRACTICE.

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II. AN EASY METHOD OF PLUGGING THE  
POSTERIOR NARES.

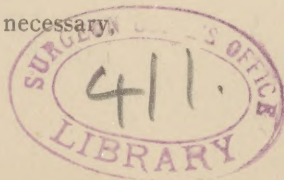
A PIECE of fine silver wire, fifteen inches long, is doubled; the closed end is left rounded and the free ends are neatly twisted together. A slight bend is given to the bar thus formed. A stout thread, twenty-five inches long, is tied to the twisted end.

The patient sits in front of the physician, his head thrown slightly backwards, so as to make the passage of the wire into the pharynx more easy. The parts are illuminated by the forehead mirror, unless a good supply of daylight can be used.

The blunt end of the wire (with the concave aspect downwards) is pushed along the floor of the nasal passage, and through the naso-pharynx until it is seen in the pharynx, the patient assisting by holding the tongue with a depressor. The end of the wire in the pharynx is now grasped by Gross's polypus forceps, the fingers, or anything else convenient, and pulled through the mouth. The thread is cut, and a piece of absorbent cotton, slightly compressed, large enough to fill the posterior nares, is tied to it, about ten inches from its mouth end. The tampon is pulled into position by drawing on the nasal end of the thread. The plug is generally caught by the edge of the soft palate, but can easily be guided past it by the finger. The nasal and mouth ends of the thread are tied together, so as to form a loop, which is hung over the nearest ear, so that it may be out of the road.

In a recent case, not happening to have any wire with me, I managed very well with a piece of straw from a broom, one end of which was bent over into a rounded loop and tied thus, so that it might not catch in the mucous membrane.

The nostril is then obstructed, if necessary.





by means of a mass of cotton, which will readily stay in place without tying.

If it can be avoided, the tampon should not be left in place more than three hours, as its presence is exceedingly uncomfortable to the patient, whose strength rapidly fails under its use. By carefully noting which nostril pours forth the greatest quantity of blood, one side may generally be left patent, to the great advantage of the sufferer.

I generally allow the patient to remove the plugs himself, and he is requested to do this gradually, first the anterior, and fifteen minutes after the posterior plug, by gently pulling on the string issuing from the mouth.

The removal is timed so that it will precede by a short interval a professional visit, so that the physician may determine whether it is necessary to renew the plugs.

In cases of intermittent nose-bleeding in anæmic subjects, the thread lying in the passage may be renewed by tying a fresh piece to the one that has become foul, and thus left for twenty-four hours or more, ready for a fresh attack. The presence of the thread is but slightly inconvenient, not interfering with eating or drinking. An intelligent attendant can readily be taught to draw the plugs into position, and during the intermission the patient can enjoy the luxury of breathing through his nose.

This procedure may be executed with so much ease and rapidity that there is less excuse for the prolonged presence of the plug than when the barbarous instrument known as Bellocq's canula is used.

The plan of packing the nasal cavity (suggested by an eminent authority), by a long piece of lint pushed in from the front, I have found inefficient, difficult, and very uncomfortable to the patient. The removal of a plug thus placed is almost sure to provoke fresh bleeding.

An additional advantage is that the nasal passage can be traversed by the wire, notwithstanding extreme deviation of the septum.

This little operation should be preceded by the free use of cocaine spray to nose and pharynx, which will entirely prevent gagging, and it is to be hoped will prove by further experience to be in itself a valuable hæmostatic.



